QIS

Table of Contents

QIS ..... 1 - 16
QIS Revisit 17
Skills Assessment 18
FOQIS ..... 19 - 22
QIS Comparative ..... 23 – 25

QIS

FACT OR FICTION?	THE FACT IS...
During Stage 1 observations of your assigned Census Sample resident, you observe smoking materials (cigarettes and lighter) on the bedside table. During the 2 days of Stage 1 you have no observations of the resident smoking. You should answer "Yes" to question #1 of section P which asks, "Is the resident observed smoking during the two days of Stage 1?" and "No" to question #2 which asks, "Is the resident smoking safely?" **Fact!**	The first question in section P can be referred to as a lead in question. The surveyor must answer the first question as "Yes" in order to enable the second question which would then trigger unsafe smoking practices for an in-depth Stage 2 investigation. The additional guidance in ASE-Q for question #2 reads, "Safe smoking includes safety precautions in use during the action of smoking (e.g., no oxygen, smoking apron, or supervision if unsafe) and the safe storage of smoking materials." This guides the surveyor to consider the unsafe storage of smoking materials when answering the second question "Is the resident smoking safely?" For this scenario, the surveyor should answer the second question negatively since concerns were identified with the safe storage of the resident's smoking materials. To do that, the surveyor must answer the first, lead in question, as "Yes" even though the resident was not observed smoking. The surveyor should also document in the relevant findings box that while the resident was not observed smoking, unsafe storage of smoking materials was observed.
FACT OR FICTION?	THE FACT IS...
In a large facility with numerous med storage rooms and carts, you have to check every single room and cart. **Fiction!**	In a large facility with numerous carts and rooms, it is not necessary to check all medication carts and storage. Randomly check a few and only expand if concerns are identified to determine scope.

QIS

FACT OR FICTION?	THE FACT IS...
During Stage 1, the staff tells you the resident has not fallen in the last 30 days. As you complete your record review, you happen to notice a fall that occurred 3 weeks ago. You should clarify the discrepancy with the nurse and then change your answer? ***Fact!***	During Stage 1 if you happen to discover that the staff provided incorrect information, you should clarify the discrepancy with the staff and then change your response. It's important for the team to have accurate Stage 1 information to identify potential areas of concern.
FACT OR FICTION?	THE FACT IS...
During Stage 1, the resident has a bandage on his/her arm. The surveyor should ask the resident or family, if applicable, what type of wound is under the bandage. ***Fact!***	If you are unsure what type of wound is under the bandage, ask an interviewable resident or family during the family interview. If the resident is non-interviewable and a family interview is not performed, ask staff or refer to the medical record so you know how to respond to the Resident Observation, Skin Conditions question.

QIS

FACT OR FICTION?

The surveyor must always enter the weight closest to the date requested by the QIS Tool.

Fiction!

THE FACT IS...

This is not always going to be the case. While the training materials tell the surveyor to document weights closest to the date generated by the QIS Tool, some residents have multiple weights in a short timeframe. The surveyor should use critical thinking to determine which weights would best capture the resident's weight loss if applicable.

For example, which dates would you select for Census Sample Resident #22:

Info from the resident's clinical record:
6/17/13 – 180#
4/13/13 – 182#
4/20/13 – 190#
3/18/13 – 198#
3/25/13 – 200#
12/20/12 – 206#
12/25/12 – 220#

The QIS Tool populated the following dates:	Surveyor entered the following:
06/17/13 (date closest to today's date)	6/17/13 – 180#
05/18/13 (30 days prior to today's date)	Unavailable
03/19/13 (90 days prior to today's date)	3/18/13 – 198#
12/20/12 (180 days prior to today's date)	12/25/12 – 220#

The surveyor should enter the weight documented for 12/25/12 instead of 12/20/12. This weight demonstrates a more substantial weight loss for the resident and could result in the resident being included in the numerator when the weight loss QCLI is calculated.

QIS

FACT OR FICTION?	THE FACT IS…
During Stage 1, you enter Resident A's room to make your first observation and note that the room is odorous of urine. Resident A is in bed. You cannot tell where the odor is coming from. At this point, you should mark the resident observation Section B1 as an issue (signs of incontinence, such as odors) and Section M1 as an issue (odor in room). ***Fiction!***	There are many possible scenarios that could occur during Stage 1. If you identify odors in Stage 1, you should determine the type of odor (e.g., urine, BM, body odor, or stale room odor) and the origin of the odor (e.g., from the resident or something in the room) before answering the question. This information is important because these two resident observation questions map to very different areas. Section B1 (signs of incontinence – QP260) is mapped to the Urinary Incontinence care area. Section M1 (odor in room – QP221) is mapped to the Environment task. For this example, before you code your response, you should make another observation of the resident outside of the room to try and determine whether the resident is odorous of urine. You should also go back to the room, while the resident is out of the room, to determine whether the room is also odorous. If only the resident is odorous of urine, just mark B1 as a concern. Let's consider the same example but let's say the resident was not observed outside of their room during Stage 1. In this case, you would mark both B1 and M1 as potential concerns since there may be an incontinence issue and/or a room odor issue - at this point you just don't know. Finally, let's add one more twist to the scenario. Now let's say both of the residents in the room are a part of your sample. You should complete the steps mentioned above for both residents trying to figure out whether the concern is an environmental or incontinence concern.

QIS

FACT OR FICTION?	THE FACT IS…
Since the Unnecessary Medication Review is now focused only on those medication classifications listed on the Census Sample Record Review, we no longer have to write down all of a resident's medications. We only have to document those medications listed on the Stage 1 Census Sample Record Review form. ***Fiction!***	The Stage 1 Census Sample Record Review asks the surveyor to check any medication listed on the screen that the resident is receiving. This information is used to identify residents who are receiving or have received these high risk medications in the last 30 days. Checking the listed medications focuses survey resources on those residents exposed to high risk medications such as anti-coagulants, insulin, and antipsychotics. The software is equipped with an Unnecessary Medication algorithm that assigns a score to the Stage 1 census sample residents according to the medications the surveyor indicated the resident has received in the last 30 days. Five residents with the highest score are then selected for a review in Stage 2. Surveyors no longer have to record a complete list of all of the resident's medications. Surveyors can now simply list the medications of concern in the investigative documentation field. There is no Federal requirement that the surveyor lists every medication for which the resident has physician orders. Be sure to check if your State requires documentation of all medications. Please keep in mind the UM care area still consists of a full review of the selected residents medication regimen as required by F329. For example, if the resident is receiving antihypertensive meds, check to see if BPs are ordered to be monitored and are they within normal limits. If insulin is ordered are blood glucose levels being monitored and are they within normal limits, is the correct dose of insulin administered based on sliding scale. Of course, using the CE pathway approach to the review, the surveyor will take a comprehensive

	look at the facility's care of the resident when he/she considers the comprehensive assessment, care plan development, implementation, and revisions along with the medication regimen review.
FACT OR FICTION? A resident triggered for significant weight loss. During Stage 2, the initial record review indicated that the resident had a physician order for increased doses of diuretics to achieve fluid loss. The resident's weight loss was not related to changes in their nutritional status. The care area should be removed and another resident selected. **Fiction!**	THE FACT IS... The surveyor should not remove the care area given this scenario. The surveyor should continue to investigate and determine the facility's compliance at all CEs (F272, F279, F282, F280 and F325). The facility should not simply attribute the resident's weight loss to an increase in a diuretic. A comprehensive review of the resident's weight loss is crucial. F325 indicates, "The use of diuretics and other medications may cause weight loss that is not associated with nutritional issues, but can also cause fluid and electrolyte imbalance/dehydration that causes a loss of appetite and weight." During Stage 1, the surveyor should expect to see a care plan goal of weight reduction due to diuresis, not simply an explanation of an increase in the physician prescribed diuretic. If the clinical record indicates planned weight loss and monitoring due to diuresis, then the resident should be marked as being on a planned weight loss program and would be excluded from calculations in the weight loss QCLI and that resident would not trigger for an investigation.

QIS

FACT OR FICTION?	THE FACT IS...
When conducting complaints in conjunction with a QIS recertification survey, if the care areas applicable to the complaint allegations do not trigger, the sample size for the initiated care areas related to the complaint allegations should equal three. **Fiction!**	Since complaint residents are now included in the Census Sample during Reconciliation, a preliminary investigation is conducted of the complaint related care area by the entire Census Sample. If the care area triggers, the complaint resident will be included in the sample of three. If the care area does not trigger, only the complaint resident needs to be investigated
FACT OR FICTION?	THE FACT IS...
During the resident interview, the resident says she is currently in pain. The resident exhibits no signs or symptoms of pain, other than the verbalization that she is currently in pain. You should code the vocalization of pain as a concern under the resident observation pain question based on the resident's verbalization of pain. **Fiction!**	The vocalization of pain should only be coded if you observe the resident moaning, groaning or constantly muttering. The resident's verbalization to you that he/she is in pain, does not qualify as an observed vocalization of pain. You will record the resident's verbalization of pain under the resident interview.
FACT OR FICTION?	THE FACT IS...
The team has decided a resident needs to be initiated in Stage 2 for an additionalconcern identified for one resident. The care area of concern did not trigger for Stage 2. The team will need to initiate this resident for the concern that did not trigger for Stage 2. Since this care area did not trigger and you are initiating the care area for one resident you will need to also initiate the same care area for 2 other residents (if available) who met the criteria for this care are to ensure you	The fact is you only need to initiate the additionalresident and care area for which you identified concerns for into your Stage 2 investigation. You are not required to initiate other residents who met the care area criteria to ensure a total of 3 residents are investigated in Stage 2. If you find deficient practice at a G-level, then you should talk to your team and discuss whether the sample should be expanded to rule out SQC (i.e., if other residents are in the Criteria Met category). Here are two examples

have a total of three residents for your Stage 2 investigation. **Fiction!**	to illustrate when you would not expand your sample and when you would: 1. Activities – didn't trigger. Four residents were in the Criteria Met for the Resident Interview. The team initiates one resident of concern (i.e., the resident said she was severely depressed because the facility had no activities going on and that was really important to her for her QOL). Following the investigation, the surveyor plans to cite the resident at a G-level. The team discusses the other residents in the Criteria Met – the other residents had complaints about a lack of evening activities but they all said they go to bed early. The team decides not to expand the sample to rule out SQC. 2. Pain – did not trigger. Five residents were in the Criteria Met for the Resident Interview. The team initiates one resident of concern (i.e., the resident said she had constant moderate pain that the facility would not treat). The surveyor plans to cite the resident at a G-level. The team discusses the other residents in the Criteria Met – two other residents had a complaint of unresolved, recent pain. The team decides to expand the sample to rule out SQC.

QIS

FACT OR FICTION?	THE FACT IS...
During the reconciliation of the medication administration observation you identify that a nurse omitted a medication. The steps to follow to ensure this omission is included into your medication error calculation would be as follows: • Click on the drop down box to add the resident's name to the medication form. • Leave blank the space that asks for the Drug/Dosage/Route. • In the area that asked for the prescribers order you will include the name of the medication that was omitted, then place a check in the box that indicates an administration error ***Fact!***	As you know, the QIS Tool automatically calculates the medication error rate for us. In order to include the omitted medication in the numerator and denominator you will need to be sure to add a line on the medication administration observation screen, enter the resident's name, leave blank the space provided to list the name of the medication, and then list that medication and the prescriber's order in the appropriate column. Lastly, you will then place a check in the box to indicate an error in administration of the medication. Following these steps will ensure you've included all observed opportunities for error in the QIS Tool and your medication administration error rate will calculate correctly.
FACT OR FICTION?	THE FACT IS...
If an immediate jeopardy is identified in Stage 1 you have to wait until Stage 2 before you can initiate the care area and residents of concern. You will just need to place all your documentation onto a surveyor note and transfer the information once you get into Stage 2. ***Fiction!***	After team discussion regarding an immediate jeopardy situation in Stage 1, you should surveyor-initiate the care area of concern and the residents involved in the immediate jeopardy while you are still in Stage 1. This will allow you to complete your documentation in the investigative documentation field in Stage 2. You will be able to access the resident and the care area in the Stage 2 Survey screen in ASE-Q to begin your investigation and documentation.

QIS

FACT OR FICTION?	THE FACT IS...
While conducting your Stage 1 census record review, you note Question #1 in the MDS exclusion section asks, "Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months," and is pre-filled either yes or no based on MDS data you imported with the shell. You still will be required to verify the accuracy of this pre-populated MDS information by reviewing the medical record for the accuracy of the coding. **Fiction!**	You are not required to verify the accuracy of this MDS data for any of your Stage 1 Census medical record reviews. The only time you would change this pre-filled MDS data information would be if while you were conducting your census record review you randomly saw a recent order in the resident's medical record for Hospice and a note indicating the resident has a life expectancy of 6 months or less. In this instance, you should change the response for this question to reflect this new information. Since the MDS data that was imported did not reflect this new order, it is appropriate to manually change the response.
FACT OR FICTION?	THE FACT IS...
Facilities can use their own forms to provide surveyors with new admission information – they don't have to use the New Admission Form. **Fact!**	Any format is acceptable. As long as the facility provides the survey team with the information collected on the New Admission Form, any format is acceptable. Surveyors do not need to copy information onto the New Admission Form. Required information includes the full name of all residents admitted in the 30 days prior to the start of the survey, plus each resident's admission date, date of birth, gender, and location in facility (unit and room number).
FACT OR FICTION?	THE FACT IS...
Bruising in Stage 1 triggers the abuse care area. **Fiction!**	Bruising triggers the Skin Conditions care area, not abuse. Bruising, abrasions, lacerations, skin tears or burns all map to the Skin Condition care area, which is QP261. The Abuse care area is triggered for stage 2 investigation when negative responses are

	obtained from the structured stage 1 activities of observation and interview.
FACT OR FICTION? To trigger restraints, the restraint has to be applied incorrectly. Fiction!	THE FACT IS… Physical Restraints (QP089) is triggered from an observation of the potential presence of a restraint, not that it is applied correctly. There is a resident observation question that asks whether the resident has a restraint and if so, the type of restraint used. This information, if it exceeds the threshold, will trigger the Physical Restraint care area. There is a subsequent resident observation question that asks if the restraint is applied correctly (accidents).
FACT OR FICTION? If a resident isn't selected for the Census Sample, but during Stage 1 you identify a concern for a non-sampled resident, you are discouraged from initiating the resident since this shows up on the DAR. **Fiction!**	THE FACT IS… Surveyors should initiate residents in their Stage 2 sample if there is a potentiall concern indicating a facility's non-compliance. The DAR does not discourage surveyors from initiating a resident as long as there was a resulting citation and the correct procedures were followed to initiate the concern. There are two DAR items (items 16 and 17) that look at initiations (by care area and by tag). For the analysis, what is important is not the initiation itself but whether the initiation resulted in a citation and/or whether the tag was initiated correctly. It is up to the State to determine whether there is a trend or pattern in the areas that are initiated yet not cited. If a pattern is identified, the surveyors may be completing additional work that does not routinely result in a citation.

QIS

FACT OR FICTION?	THE FACT IS...
We have to interview all of the residents in Stage 1. ***Fiction!***	Surveyors are to screen each of the Census Sample residents and interview those residents that are interviewable.
FACT OR FICTION?	THE FACT IS...
Surveyors are allowed to clarify a resident interview issue in Stage 1. ***Fact!***	Surveyors are encouraged to clarify issues in Stage 1 that are needed to document a relevant finding for the negative response. Probing may be necessary if the information provided by the resident is incomplete or unclear and you are unsure how to record her/his response, to clarify or confirm your understanding of the resident's response, or to obtain more detail related to a negative response. You should use open-ended questions to probe for more information, as needed.
FACT OR FICTION?	THE FACT IS...
I have to complete a dining observation in Stage 1 for all of my Census Sample residents. ***Fiction!***	Surveyors should not focus on their Census Sample residents during the first dining observation nor are surveyors required to conduct a second dining observation during Stage 1 to observe their Census Sample residents. The first dining observation is to be an overview of dining in all dining rooms or meal trays for all residents in the facility. A better utilization of time is to do the second dining observation, if needed, in Stage 2 so you can also look at any residents who triggered nutritional concerns.

QIS

FACT OR FICTION?	THE FACT IS…
The Personal Funds task isn't written to the regs. The regs don't say you have to allow access to money over the weekend. ***Fiction!***	The pathways are based on the regulations/interpretative guidelines and investigative protocols. One requirement in the personal funds task is that acceptable banking and accounting practices are maintained. The law and regulations are intended to assure that residents have access to cash within a reasonable period of time, when requested. Requests should be honored within the same day.
FACT OR FICTION?	THE FACT IS…
The assigned surveyor will know what caused the Environment task to trigger. ***Fact!***	The assigned surveyor can access the QCLI information (which explains why the task triggered) on the Environment screen by clicking on the Append Text button. This button will display each QCLI in the applicable CE that caused the Environment task to trigger, including the residents and any relevant findings entered. In addition, teams should be aware of the environmental concerns based on information shared at the team meetings.
FACT OR FICTION?	THE FACT IS…
The residents selected for the Liability Notices task have always gone home so we can't review them. ***Fiction!***	If a resident was discharged from the SNF to home, and had not exhausted his/her benefits, the resident should be reviewed. Any Medicare Part A resident, who is discharged from the SNF and has not exhausted their benefits, is eligible for review for the issuance of an appeal notice. This includes residents that have been discharged home.

QIS

FACT OR FICTION?	THE FACT IS...
If you know there isn't a problem with a Stage 2 investigation, you do not have to complete the entire pathway, such as all of the interviews. ***Fact!***	Once you have enough information to make a regulatory compliance decision including the appropriate severity for a Critical Elelment you are finished with the investigation. For example, if you do not have any care plan concerns based on your review of the care plan and observations of the resident, you do not have to complete the resident/staff interview probes.
FACT OR FICTION?	THE FACT IS...
If you don't document everything, even when you know there isn't an issue, it will show up on the DAR. ***Fiction!***	There is no data item on the DAR-SA that looks at a surveyor's Stage 2 investigative documentation when the CE decision is "Yes." However, you should document details thoroughly at the time you obtain the information to increase the accuracy of the documentation. You should write the date and time, what is observed, where observations occurred, what is said during an interview and specifically who said it, or what you read and from what record or document. Once you have enough information to make a compliance decisionfor a Critical Element, you are finished with the investigation.
FACT OR FICTION?	THE FACT IS...
You do not have to document, in your investigative documentation, the MDS assessment and care plan when you know you don't have an issue. ***Fact!***	Surveyors do not have to document the complete MDS or the care plan during their investigation. Surveyors are required to have sufficient documentation to guide their observations and support a Critical Element compliance decision. Each resident's MDS can be accessed from ASE or ACO; therefore, there is no need to document verbatim an MDS.

QIS

FACT OR FICTION?	THE FACT IS...
During an Unnecessary Medication investigation, the care plan did not identify non-pharmacological interventions that should be tried prior to giving a resident prn Haldol. If the facility tries to have me speak to the physician and pharmacist, I do not have to since that wastes my time. **Fiction!**	The pathway guides the surveyor to interview the physician and pharmacist when concerns are identified. Completing an investigation of Unnecessary Medications should include interviews with the physician and pharmacist when concerns are identified in order to determine their involvement in the provision of care and services.
FACT OR FICTION?	THE FACT IS...
Staggered surveys are problematic on QIS since we can't complete any of the Stage 1 sample until we've completed reconciliation. **Fiction!**	Surveyors can begin Stage 1 for any Census Sample resident that is in the facility. The team should follow the QIS Checklist instructions to make partial Stage 1 Census Sample assignments during an off-hour survey start.

QIS

FACT OR FICTION?	THE FACT IS...
When you know something isn't an issue (e.g., bruising from an IV at the hospital), you have to complete a lengthy Stage 2 investigation. ***Fiction!***	When the surveyor has determined there isn't an issue, the first step is to ensure the team does a thorough review of the residents selected for the Stage 2 investigation. If this resident was selected and there is a better candidate, the TC should remove the sampled resident and replace him/her with a better choice. If there aren't any other residents in the Criteria Met to replace the sampled resident with, the Stage 2 investigation should be quick. With this particular example, if the surveyor has completed the investigation into the CEs (assessment, care planning, and provision of care and services) and knows the cause of the bruising, no further investigation is required. You should follow the probes on the Assessment, Care Planning, and Provisions of Care screens to determine if you have an issue with those CEs.
FACT OR FICTION?	THE FACT IS...
You can delete a medication from the med admin screen. ***Fact!***	Any med can be deleted from the grid on the med admin screen. To delete a med: • Click on the box on the far left of the row next to the date/time (this will highlight the row) • Hit the delete key • You will get a message that says, "You have selected one row for deletion. Choose Yes to delete the row or No to Exit." • Select Yes.

QIS REVISIT

FACT OR FICTION?	THE FACT IS…
For a QIS onsite revisit, you have to investigate the entire pathway for every tag the surveyors are investigating. **Fiction!**	Surveyors only have to re-evaluate the F-tag. Surveyors should not complete a full investigation of the entire pathway. The pathways are provided as a reference – just in case the surveyor needs to see the probes included under a specific tag section (e.g., care plan). The only time the surveyor completes a full investigation is if he/she identifies a concern with a tag not cited on the original survey.
FACT OR FICTION?	**THE FACT IS…**
You are only required to complete an onsite QIS revisit for the tag that caused the onsite revisit (i.e., the G, SQC or IJ tag). The remaining tags are completed with a desk review while in the facility. **Fiction!**	If an onsite revisit is required, every tag cited at a D-level or higher should be investigated using the QIS onsite protocol. Surveyors should not complete a desk review while in the facility for the tags that did not cause the onsite to be required. This onsite revisit policy is the same for both the traditional and QIS onsite revisits. ***Excerpt from Chapter 7 of the SOM:*** ***Mandatory onsite revisits.*** *An onsite revisit is required when a facility's: beginning survey finds deficiencies that constitute substandard quality of care, harm, or immediate jeopardy. Onsite revisits must continue for these deficiencies even if they lessen to lower levels of noncompliance. However, if the first onsite revisit finds substantial compliance with these tags, no continued onsite revisits are necessary for any other tags that are cited at or below level F (no substandard quality of care).* *SOM, Chapter 7 – Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities, 7317.2 – Revisits, page 73. (Rev. 63, Issued: 09-10-10, Effective: 09-10-10, Implementation: 09-10-10).*

SKILLS ASSESSMENT

FACT OR FICTION?	THE FACT IS…
If a surveyor receives a Not Met (NM) status for a particular facility task (e.g., Personal Funds), the trainer has to observe the surveyor complete the same facility task on another survey. **Fiction!**	If a surveyor receives a NM status for a facility task (e.g., Personal Funds), the trainer does not have to necessarily review the same task (e.g., Personal Funds) unless the failure was specific to the task reviewed. This also applies to Care Areas.
FACT OR FICTION?	THE FACT IS…
If the TC has not met several probes related directly to the TC-specific items, the surveyor must be assessed as TC again on another survey. **Fact!**	If a surveyor fails to demonstrate competency related to the TC-specific functions, then the trainer must observe the surveyor again as TC until that surveyor demonstrates competency as a TC (e.g., gets a Met status for all TC-related probes).
FACT OR FICTION?	THE FACT IS…
There is a disagreement with a Stage 1 finding between the trainer and surveyor (e.g.,, a resident was hospitalized on day 30) and the trainer provides immediate feedback to the surveyor about the disagreement. The surveyor looks into the disagreement and later corrects his/her response to reflect that of the trainer's. The trainer should still assess the probe based on the surveyor's original omission of the concern. **Fact!**	The trainer should include in the assessment the surveyor's response prior to any trainer feedback. By marking the probe as NM, the trainer feels the missed concern warrants another assessment of the surveyor's skills completing an Admission Record Review. By marking the probe as Met, the trainer feels the feedback that was provided will suffice and no further assessment is needed.

FOQIS

FACT OR FICTION?	THE FACT IS...
During a FOQIS, the RO should follow the same process used during a FOSS for any IJ disagreement between the SA and RO. **Fact!**	When there is disagreement between the RO and the SA over findings that affect IJ, the RO may decide to begin proceedings that could lead to an application of the Federal Statutory Look Behind Authority. The RO should follow the same process as outlined in the FOSS Manual, Section 9: Resolving Disagreements or Proceeding to a Direct Federal Survey.
FACT OR FICTION?	THE FACT IS...
A State Team Action Plan is required for any measure scored as a Partially Met and Not Met. **Fiction!**	A State Team Action Plan is not required for any score. Concerns should be provided to the SA manager so the State can follow-up internally.
FACT OR FICTION?	THE FACT IS...
If a SA surveyor is only assigned non-interviewable residents in Stage 1, the RO can evaluate a family interview for that surveyor. **Fact!**	If a SA surveyor only has non-interviewable residents, the RO can complete a family interview instead of a resident interview for that surveyor.

FOQIS

FACT OR FICTION?	THE FACT IS...
The RO should not share the State-Specific DAR-RO results with the SA team during a FOQIS. **Fact!**	The RO should not share the results of the State-Specific DAR-RO with the SA surveyors during a FOQIS. If the RO determines that the SA surveyors are unfamiliar with the DAR-RO, the RO should discuss the issue with the SA management.
If the wired transfer does not work during transition, you should stop the survey until you can get the wired transfer to work. **Fiction!**	If the wired transfer does not work during transition, do not spend a lot of time trying to get it to work since you are holding up the SA team. Instead, use one of the suggested workarounds: 1. Ask the TC to print the QCLI Results report and Relevant Findings report. The RO can follow along with the SA discussion during the transition meeting by using these two reports. The two reports include all of the displayed information from the QCLI Results screen in ASE-Q. 2. The RO can sit next to one of the surveyors and look at their QCLI Results screen as the transition meeting is conducted. 3. The TC can email an export of the survey to the RO.
The SA team must discuss every negative response during Stage 1 team meetings. **Fiction!**	Step 22 of the QIS Checklist indicates that during Stage 1 team meetings, pertinent findings for resident and facility tasks should be discussed. The note says to at least report Stage 1 care areas with concerns. It is not necessary to report every resident or describe the details of every negative response.

FOQIS

FACT OR FICTION?	THE FACT IS...
The SA team does not have to discuss every QCLI that did not exceed the threshold. ***Fact!***	The transition meeting probe at Step 30 of the QIS Checklist directs the survey team to discuss whether there are any concerns related to residents and care areas that did not trigger that may need to be initiated. For example, if Accidents did not trigger, the TC would say, "Does anyone have any concerns under Accidents that should be discussed since it didn't trigger?"
FACT OR FICTION?	**THE FACT IS...**
The RO will include Infection Control and QA&A in their workload only if the areas had a low citation rate. The RO will include Abuse and Abuse prohibition in their workload only if the areas had a low citation rate and Abuse and Abuse Prohibition triggered during the FOQIS. ***Fact!***	Infection Control, QA&A, and Abuse Prohibition (Item 12) are high priority tasks, and Abuse (Item 19) is a high priority care area identified by CMS to be investigated if these tasks and care areas are identified as having low citation rates and Abuse and Abuse Prohibition trigger during the FOQIS.

FOQIS

FACT OR FICTION?	THE FACT IS…
If the wired transfer doesn't work during the analysis and decision making meeting, the RO should use one of the four suggested workarounds. ***Fact!***	If the wired transfer doesn't work during the analysis and decision making meeting, do not spend a lot of time trying to get the transfer to work since you are holding up the SA team. Instead, use one of the suggested work-arounds: 1. Ask the TC to make a print screen of all expanded Tags (so all care areas and residents are displayed under each Tag). The TC should save the screen shot(s) to a Word document and then print the information for the RO. 2. The RO can sit next to the TC and look at their Potential Citation screen during the analysis meeting 3. Using a CMS-807, the RO can document the team's discussion and decision about each tag. 4. The TC can email you an export of the survey.

QIS COMPARATIVE

FACT OR FICTION?	THE FACT IS...
If a SA Census Sample resident has been discharged, the ROs must replace the resident with a newly admitted resident. **Fact!**	During reconciliation, the RO must replace discharged Census Sample residents to ensure that the sample size and QCLI calculations are comparable to the SA sample and calculations.
FACT OR FICTION?	THE FACT IS...
If the computer won't allow the RO to enter a 4th date and weight that is valid (i.e., within the required timeframe), the RO should enter a date that the tool will accept and then enter the correct SA weight. The RO should document the actual date of the weight under relevant findings. **Fact!**	There is a software issue with the QIS Tool. Sometimes, the system will not allow the RO to enter the SA's date and weight because the system thinks the date is out of the required timeframe. If this happens, enter the information as indicated so the system will calculate the weight loss. However, during transition the RO will have to factor in the actual date as documented under the relevant finding, if there is a need for a comparison between the RO and SA findings.
FACT OR FICTION?	THE FACT IS...
During transition, the RO should complete the SA comparison at the QCLI level. **Fact!**	If the RO triggered a care area, the RO should first determine which QCLI caused the care area to trigger and then complete the following: • Resident Observation QCLI – No action required unless the ROs are 100% confident the observed concern was present during the SA survey. • Resident/Family/Staff Interview QCLI or Census Record QCLI - If the QCLI that caused the care area to trigger is from a Stage 1 interview or census record review, determine whether the SA had the same residents in the Criteria Met category. If the SA did not have the same residents, determine whether the SA should have identified the same concern

QIS COMPARATIVE

	(e.g., using information regarding the length of time the concern existed). • Admission QCLI - If the QCLI that caused the care area to trigger is from the admission record review, determine whether the SA had the same residents in the Criteria Met category. The residents in the Criteria Met category should match 100% between the SA and RO. • MDS QCLI – No action required since the MDS QCLIs are an identical match to those of the SA.
FACT OR FICTION? If a staff member isn't scheduled to work during the comparative and the SA interviewed that staff member for a task (e.g., abuse prohibition), the RO must still interview the same staff member. **Fiction!**	THE FACT IS... If you are unable to interview the same staff member as the SA (e.g., the staff member is not scheduled to work during the comparative), document this situation and select another staff member for the interview by adding their name to the resident box.
FACT OR FICTION? If the SA hospice resident has died, the RO must investigate the same resident during the comparative. **Fiction!**	THE FACT IS... If you cannot complete an adequate investigation because a resident has been discharged or is deceased, you may select a different resident. However, you may be unable to identify inaccuracies with the SA's performance since you are looking at a different resident unless you are identifying system-wide issues.

QIS COMPARATIVE

FACT OR FICTION?	THE FACT IS...
If the ROs trigger a care area that the SA did not trigger, the RO must complete an investigation of that area. ***Fact!***	The RO must complete an in-depth investigation for any triggered care area or non-mandatory task regardless of whether the SA triggered the same care area. If the SA should have triggered the care area, the RO will provide feedback about the missed Stage 1 concerns to the SA and indicate whether the concerns would have led to deficient practice. For example, the ROs triggers pressure ulcers based on the Admission record review. The SA did not trigger this area since they failed to identify a pressure ulcer concern for one resident. The RO completes the in-depth investigation and identifies harm for the resident missed by the SA during the Stage 1. The RO should inform the SA about the missed Stage 1 pressure ulcer concern and that the missed concern resulted in a harm deficiency.